

**ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM  
AHCCCS MEDICAL POLICY MANUAL**

**CHAPTER 100  
INTRODUCTION**

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## 100 MANUAL OVERVIEW

The purpose of the Arizona Health Care Cost Containment System (AHCCCS) Medical Policy Manual is to document the medical and program policies and requirements implemented by the AHCCCS Administration for Contractors and fee-for-service providers of these covered services. The manual provides information regarding covered health care services for Arizona residents who are eligible for AHCCCS services. Members who are eligible for emergency services only receive those services through the Federal Emergency Services Program. This manual also provides information regarding behavioral health services.

The Office of Special Programs (OSP) is responsible for the formulation of medical and program policy in conjunction with the AHCCCS Chief Medical Officer (CMO), Medical Director and other Divisions within AHCCCS. Policy changes can stem from several sources, including recently promulgated or revised Federal and State regulations, changes in accepted standards of practice and emerging technology.

**Note:** for the purposes of this Manual, AHCCCS services are inclusive of acute care, long term care, fee-for-service, KidsCare and emergency services.

Requests to add, modify or delete standards, criteria or requirements related to current medical or program policy should be forwarded to OSP.



- **MANUAL CONTENT**

The AHCCCS Medical Policy Manual consists of 16 chapters and 10 appendices. Each chapter contains an overview, and a detailed discussion of policy information. Exhibits, which pertain to a specific policy, are located at the end of the policy section. Note that service descriptions, service provider requirements, and fee-for-service (FFS) quality and utilization management are addressed in separate chapters.

The Policy Manual Chapters include:

Chapter 100	Introduction
Chapter 200	Reserved
Chapter 300	Medical Policy for AHCCCS Covered Services
Chapter 400	Medical Policy for Maternal and Child Health
Chapter 500	Care Coordination Requirements
Chapter 600	Provider Qualifications and Provider Requirements
Chapter 700	Medicaid School-Based Claiming (MSBC)/Direct Services Claiming (DSC)
Chapter 800	FFS Quality and Utilization Management
Chapter 900	Quality Management and Performance Improvement Program
Chapter 1000	Medical Management/Utilization Management
Chapter 1100	Emergency Services Program
Chapter 1200	Arizona Long Term Care System Services and Settings for Members who are Elderly and/or Have Physical Disabilities and/or Have Developmental Disabilities
Chapter 1300	Reserved



Chapter 1400	Reserved
Chapter 1500	Reserved
Chapter 1600	Case Management

Appended documents and forms include:

- A. Excluded Surgical Tier Procedures
- B. AHCCCS Early and Periodic Screening, Diagnosis and Treatment Tracking Forms
- C. Reserved
- D. Medical Foods Flowcharts
- E. Reserved
- F. Pre-Paid Medical Management Information System (PMMIS) Interface Procedures
- G. Behavioral Health Services Guide
- H. Reserved
- I. Charts for Estimating Body Mass Index
- J. FFS Mileage Reimbursement Form for FFS Independent Service Providers



● **OTHER REFERENCE MATERIALS AND SOURCES**

As appropriate, this Manual provides reference to regulations and AHCCCS manuals or documents which provide more detailed information. These documents include, but are not limited to:

1. 1115 Waiver
2. AHCCCS State Plan
3. Code of Federal Regulations (CFR)
4. Arizona Revised Statutes
5. Arizona Administrative Code (Rules)
6. AHCCCS Contracts
  - a. Acute care
  - b. Long term care
  - c. Behavioral health
  - d. Children's Rehabilitative Service (CRS)
  - e. Arizona Department of Children's Medical and Dental Program (CMDP)
7. AHCCCS Encounter Reporting User Manual
8. AHCCCS Fee-For-Service Provider Manual
9. AHCCCS Reinsurance Claims Processing Manual
10. AHCCCS Eligibility Policy and Procedure Manual
11. AHCCCS KidsCare Eligibility Manual
12. AHCCCS Contractor Operations Manual
13. AHCCCS Billing Manual for IHS/Tribal Providers.



- **MANUAL UPDATING PROCEDURES**

Revisions to the AMPM are published on the AHCCCS Web site, which can be accessed at [www.azahcccs.gov](http://www.azahcccs.gov). Updates to the website occur on a monthly or as needed basis.

Any questions concerning the AMPM should be forwarded to:

AHCCCS  
Office of Special Programs  
701 E. Jefferson, Mail Drop 8500  
Phoenix, AZ 85034

Telephone: (602) 417-4627  
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● **POLICY MANUAL DEFINITIONS**

The following words and phrases contained in the AHCCCS Medical Policy Manual have the following meanings unless a Chapter or Policy contains another meaning. Additional definitions may be found in AHCCCS Contracts, Arizona Revised Statutes, Arizona Administrative Code and Federal legislation.

**638 Tribal Facility** – A facility that is operated by an Indian Tribe and that is authorized to provide services pursuant to Public Law 93-638, as amended.

**Acute Care Services** - Medically necessary services as described in Chapter 300 of this manual that are covered for AHCCCS members. These services are provided through contractual agreements with Contractors, or on a fee-for-service (FFS) basis through the AHCCCS Administration.

**Adult Day Health Care Services** - An ALTCS service provided through facilities licensed by the Arizona Department of Health Services (ADHS) to furnish planned, therapeutic individual and group activities as specified in Chapter 1200 of this Manual.

**Adult Developmental Home** - An alternative residential setting for adults (18 or older) with developmental disabilities that is licensed by ADES to provide room, board, supervision and coordination of habilitation and treatment for up to three residents.

**AHCCCS Division of Fee-for-Service Management (AHCCCS/DFSM)** – The Division responsible for oversight and processing of FFS claims, and prior authorization for services provided to FFS members, as well as registration of all AHCCCS providers.

**AHCCCS Division of Health Care Management (AHCCCS/DHCM)** – The Division responsible for Contractor oversight regarding AHCCCS medical program operations, quality and medical management and financial/operational oversight.



**AHCCCS Division of Member Services (AHCCCS/DMS)** – The Division responsible for management of eligibility and enrollment of members.

**AHCCCS Medical Policy Manual (AMPM)** – The AMPM provides information regarding covered health care services.

**AHCCCS Office of Special Programs (AHCCCS/OSP)** – The Office responsible for the collaborative development of AHCCCS medical policy and maintenance of the AHCCCS Medical Policy Manual. OSP is part of the Office of the Director.

**AHCCCS Registered Provider** – A contracted provider or noncontracting provider who enters into a provider agreement with the AHCCCS Administration under 9 A.A.C. 22, Article 7, and meets licensing or certification requirements to provide AHCCCS-covered services.

**Americans with Disabilities Act (ADA)** – Public Law 101-336. The ADA prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, state and local government services, public accommodations, commercial facilities and transportation.

**Arizona Department of Economic Security, Division of Developmental Disabilities (ADES/DDD)** - The Division of a State agency, as defined in A.R.S. Title 36, Chapter 5.1, which is responsible for licensure/certification of facilities for individuals with DD, providers, and the provision of services to eligible Arizona residents with DD. AHCCCS Administration contracts with ADES to provide services to its members with DD.

**Arizona Department of Health Services (ADHS)** – A State agency as defined in A.R.S. Title 36, Chapter 1. Pursuant to A.R.S. Title 36, Chapter 4, ADHS is responsible for licensure and certification (when applicable) of health care facilities included as AHCCCS-registered providers. A.R.S. Title 36, Chapters 5, 18 and 34, governs the delivery of behavioral health services by ADHS. AHCCCS Administration contracts with ADHS to provide behavioral health services for eligible persons and members who are enrolled with an acute care Contractor. ALTCS Contractors may contract with ADHS to provide behavioral health services for ALTCS members.

**Arizona Department of Health Services, Division of Behavioral health (ADHS/BHS)** – A prepaid inpatient health plan (PIHP) mandated to provide behavioral health services to Title XIX acute care and Title XXI members who are eligible for behavioral health services. Services are provided through ADHS/BHS and its Contractors





**Arizona Department of Health Services, Children's Rehabilitative Services (CRS)** – a prepaid inpatient health plan (PIHP) administered by ADHS. CRS provides services to Title XIX and Title XXI members who have completed the CRS application and have met the eligibility criteria to receive CRS related services as defined in 9 A.A.C. 7.

- **CRS Eligible** – An individual who has completed the CRS application process, as delineated in the CRS Policy and Procedure Manual, and has met all applicable criteria to be eligible to receive CRS related services.
- **CRS Recipient** – A CRS eligible individual who has completed the initial medical visit at an approved CRS clinic, which allows the individual to participate in the CRS program.

**Arizona Administrative Code (A.A.C.)** – Administrative rules promulgated by State entities which prescribe the implementation of statutory intent and requirements.

**Arizona Health Care Cost Containment System** – A State agency, as described in A.R.S. Title 36, Chapter 29, which is designated as Arizona's Medicaid program. AHCCCS is composed of the Administration (AHCCCSA), Contractors and other arrangements through which health care services (acute, long term care, and behavioral) are provided to members.

**Arizona Long Term Care System (ALTCS)** – A component of AHCCCS, as authorized by A.R.S. §36-2932 et seq, which provides, in addition to acute care and behavioral health services, long term care services and case management to members who are either elderly and/or have physical disabilities, and to members with DD, through contractual agreements and other arrangements.

**ALTCS Fee-For-Service Program** - A program managed by the AHCCCSA to provide covered ALTCS services to ALTCS Native American members who reside on a Tribal reservation in Arizona or resided on a reservation immediately before being placed in a nursing facility off-reservation.



**ALTCS Transitional Program** - A program for currently eligible ALTCS members who have improved, either medically, functionally or both, to the extent that they are no longer at risk of institutionalization at a nursing facility (NF) or intermediate care facility for the mentally retarded (ICF/MR) level of care. These members continue to require some long term care services, but at a lower level of care. The ALTCS transitional program allows those members who meet the lower level of care standard, as determined by the Pre-Admission Screening, to continue to receive all ALTCS covered services that are medically necessary. NF and ICF/MR services are excluded, since reassessment has determined that NF and/or ICF/MR services are not medically necessary.

**Arizona Revised Statute (A.R.S.)** – Laws of the State of Arizona.

**Assisted Living Facilities (ALFs)** – Residential care institutions that provide supervisory care services, personal care services or directed care services on a continuing basis. All ALTCS approved residential settings in this category are required to meet ADHS licensing criteria. Of these facilities, AHCCCS has approved three as covered settings:

- a. **Adult Foster Care** – An ALTCS HCB approved alternative residential setting, defined in A.R.S. §36-401, that provides supervision and coordination of necessary services within a family type environment for up to four adult residents.
- b. **Assisted Living Home** – An ALTCS approved residential setting, defined in A.R.S. §36-401, that provides supervision and coordination of necessary services to ten or fewer residents.
- c. **Assisted Living Center (ALC)** – An ALTCS approved residential setting that consists of rooms or residential units, defined in A.R.S. §36-401, that provides supervision and coordination of necessary services to 11 or more residents. Under A.R.S. §36-2939, members residing in an assisted living center must be provided the choice of single occupancy. Rooms are an approved setting as of July 1, 2004.



**Bed Hold Day** – Bed hold is defined in Title 42 of the Code of Federal Regulations (42 CFR) and the Arizona Medicaid State Plan as a 24 hour per day unit of service that is authorized by an ALTCS member's case manager or the behavioral health case manager for an acute care member, which may be billed despite the member's absence from the facility for the following purposes:

- a. **Short Term Hospitalization Leave** – This service may be authorized for members residing in a nursing facility (NF), intermediate care facility for the mentally retarded (ICF/MR) or residential treatment center (RTC) (licensed as a Level I behavioral health facility) when short-term hospitalization is medically necessary. The total number of days available for each member per year is limited to 12 days per contract year except as in c below.
- b. **Therapeutic Leave** – This service may be authorized for members residing in a NF, ICF/MR or RTC (licensed as a Level I behavioral health facility) due to a therapeutic home visit to enhance psychosocial interaction or on a trial basis as a part of discharge planning. The total number of therapeutic leave days available for each member per year is limited to nine days per contract year except as in c below.
- c. Members under 21 years of age may use any combination of bed hold days and therapeutic leave days per contract year with a limit of 21 days per year.

**Behavioral health facility** – A facility licensed by ADHS to provide a structured treatment setting with 24-hour supervision, on-site medical services and an intensive behavioral health treatment program. Refer below for definitions of the licensed facilities.

- a. **Level I behavioral health facility** – Behavioral health facility licensed by the ADHS to provide a structured treatment setting with 24 hour supervision, on-site medical services and an intensive behavioral health treatment program. These facilities are the highest level of inpatient behavioral health services, and include the following:
  - Distinct Psychiatric Unit in a General Acute Care Hospital
  - Special Hospital for Psychiatric Care
  - Residential Treatment Center



- Subacute Facility

Level I behavioral health facilities with more than 16 beds are considered Institutions for Mental Disease (IMD) and Title XIX members age 21 through 64 are subject to length of stay limitations as detailed in Appendix G of this manual. Level I behavioral health facilities with 16 or fewer beds are not considered IMDs and are not time limited for persons age 21 through 64. Room and board is a covered service when provided in a Level I licensed behavioral health facility.

- b. **Level II behavioral health facility** – Behavioral health facility licensed by the ADHS to provide a structured residential setting with 24 hour supervision and counseling or other therapeutic activities for individuals who do not require the intensity of treatment services or on-site medical services found in a Level I behavioral health facility. Level II facilities can be HCB alternative residential settings. Room and board is not a covered service for Level II licensed facilities.
- c. **Level III behavioral health facility** – Behavioral health facility licensed by the ADHS to provide a residential setting with 24-hour supervision and supportive protective oversight. Level III facilities can be HCB alternative residential settings. Room and board is not a covered service for Level III licensed facilities.

Refer to Appendix G (Behavioral Health Services Guide) of this manual for further information regarding behavioral health services and settings.

**Behavioral Health Professional** – A psychiatrist, psychologist, social worker, counselor, marriage and family therapist, nurse practitioner, registered nurse with at least one year of full time behavioral health work experience, substance abuse counselor or behavioral health medical practitioner who meets the qualifications specified in A.A.C. Title 9, Chapter 20.

**Behavioral Health Recipient** – A Title XIX or Title XXI acute care member who is eligible for and is receiving behavioral health services through ADHS and the subcontractors.

**Care Plan** – The proposed, individualized regimen of services which is prepared by the service provider and includes measurable goals and objectives for the outcome of services authorized by an ALTCS member's case manager along with specific treatment methodologies and services to be rendered to an ALTCS member in order to meet established goals and objectives.



**Centers for Disease Control and Prevention (CDC)** – The Centers for Disease Control and Prevention, based in Atlanta, Georgia.

**Centers for Medicare and Medicaid Services (CMS)** – [formerly HCFA] – An organization within the U.S. Department of Health and Human Services which administers the Medicare and Medicaid programs and the State Children’s Health Insurance Program (known as KidsCare in Arizona).

**Child Developmental Foster Home** – An alternative residential setting for children under the age of 18 with developmental disabilities which is licensed by ADES to provide room, board, supervision and coordination of habilitation and treatment for up to three residents. AHCCCS covers services except for room and board.

**Comprehensive Medical and Dental Plan (CMDP)** – A department within the Arizona Department of Economic Security that oversees the medical needs of foster children in Arizona. Refer to A.R.S. §8-512.

**Consulting Provider** – A licensed physician or clinical psychologist who provides an expert opinion to assist in the diagnosis or treatment of a member.

**Contractor** – A person or entity that has a prepaid capitated contract with the AHCCCS Administration pursuant to A.R.S. §36-2904 to provide goods and services, including health care services, to members either directly or through subcontracts with providers.

- **Acute care Contractor** – A contracted managed care organization (also known as a Health Plan) that provides acute care medical services to AHCCCS members who are Title XIX or Title XXI eligible, and who do not qualify for another AHCCCS program. Most behavioral health services are excluded from acute care contractor services and are instead provided through the Arizona Department of Health Services Division of Behavioral Health Services (ADHS/BHS).
- **Arizona Long Term Care System (ALTCS) Contractor** – A contracted managed care organization (also known as a Program Contractor), that provides long term care, acute care, behavioral health and case management services to Title XIX eligible elderly, physically or developmentally disabled individuals who are determined to be at risk of an institutional level of care. Refer to A.R.S. §36-2931.



- **Tribal Contractor** – A Tribal organization or urban Native American organization contracted with AHCCCS through an Intergovernmental Agreement (IGA) to provide case management services to Native Americans who have on-reservation status and are enrolled in ALTCS.

**Developmentally Disabled (DD)** – A person with serious mental or physical handicaps which have caused developmental delays. AHCCCS-enrolled acute and long term care members with developmental disabilities are managed through the ADES Division of Developmental Disabilities.

**Durable Medical Equipment (DME), Customized**– Equipment that has been altered or built to specifications unique to a member's medical needs and which, most likely, cannot be used or reused to meet the needs of another individual.

**Early and Periodic Screening, Diagnosis and Treatment (EPSDT)** – A Title XIX program for AHCCCS members under 21 years of age. EPSDT includes general screening, diagnostic and treatment services including vision, dental and hearing services. Under the Title XXI State Plan, KidsCare services must include services that meet the standard under Title XIX for EPSDT.

**Fee-For-Service (FFS)** – A method of payment to an AHCCCS registered provider on an amount-per-service basis for services reimbursed directly by AHCCCS Administration for members not enrolled with a Contractor.

**Group Home for Developmentally Disabled** – A community residential facility for up to six residents that provides room, board, personal care, supervision and habilitation. The DD group home provides a safe, home-like family atmosphere which meets the physical and emotional needs for ALTCS members who cannot physically or functionally live independently in the community. ALTCS covers services except for room and board.

**Habilitation** – A service encompassing the provision of training in independent living skills or special developmental skills, sensory-motor development, orientation and mobility and behavior intervention. Physical, occupational or speech therapies, as set forth in Chapter 1200, may be provided as a part of or in conjunction with other habilitation services. This includes services such as day treatment and training and supportive employment.



**Home and Community Based Alternative Residential Setting** – A living arrangement licensed or certified to provide room, board and health care, health related services and/or behavioral health services for AHCCCS members. Services provided to residents of these facilities may be covered by AHCCCS acute care and/or ALTCS; the cost of room and board is not covered. Alternative residential settings must be registered as an AHCCCS provider. Refer to Chapter 1200 of this Manual for additional information. -

**Home and Community Based Services (HCBS)** - Services provided, in lieu of institutionalization, to ALTCS members who reside in their own home or in an ALTCS-approved HCB alternative residential setting in order to habilitate, rehabilitate or maintain the member's highest level of functioning. Members enrolled in the ALTCS Transitional Program also receive HCBS even though they are no longer at risk of institutionalization. Refer to A.R.S. §36-2931 and 36-2939.

**Home Health Services** – In accordance with 9 A.A.C. 22, the services provided by a home health agency (HHA) that coordinates in-home intermittent services for curative and/or habilitative care. This service is provided under the direction of a primary care provider (PCP) or an attending physician to prevent undue hospitalization or institutionalization and may include home health aide services, licensed nurse services, medical supplies, equipment and appliances.



**Hospice Services** – Hospice is a concept of care that includes palliation and management of terminal illness and related conditions. A physician's certification is required that the prognosis is terminal, with six months or less life expectancy. Due to the uncertainty of predicting courses of illness, the benefit is available beyond six months provided proper physician certifications are made.

Hospice benefits are provided to terminally ill ALTCS members of any age, acute care members under 21 years of age, and KidsCare members under 19 years of age.

Medicaid services provided to members receiving Medicare hospice services that are duplicative of Medicare hospice benefits (i.e., personal care and homemaker services) will not be covered. Only when the service need is not related to the hospice diagnosis can the service be covered by Medicaid.

Participating hospice agencies must meet Medicare requirements and have a written provider contract with the Contractor.

The following refers to hospice services:

- a. **Certification** – Written verification by a physician, which must be obtained prior to the delivery of hospice services, that the hospice-eligible member has a terminal illness. The certification is applicable for two 90-day periods followed by an unlimited number of 60-day periods.
- b. **Continuous Home Care** – Hospice care provided during periods of crisis for a minimum of eight hours per 24 hour day (the hours do not have to be continuous). The care is predominantly nursing care, which must be provided by a registered nurse or a licensed practical nurse. Homemaker and home health aide services may also be provided to supplement the care. Continuous home care is only furnished during brief periods of crisis and only as necessary to allow terminally ill hospice-eligible members to maintain residence in their own home or a HCB approved alternative residential setting. Continuous home care is not available to members residing in a NF Medicaid certified bed.
- c. **Inpatient Respite Care** – Services provided in an inpatient setting such as a NF on a short term basis to relieve family members or other caregivers of hospice-eligible members who have elected to receive hospice care and reside in their own home or an ALTCS HCB alternative residential setting.





- d. **General Inpatient Care** – Services provided, in an inpatient setting such as a hospital, to a hospice-eligible member who has elected to receive hospice care. These services are provided for conditions such as pain control or acute or chronic symptom management, which cannot be handled in another setting.
- e. **Period of Crisis** – A period in which the hospice-eligible member requires continuous care to achieve palliation or management of acute medical symptoms.
- f. **Routine Home Care** – Short term, intermittent hospice care including skilled nursing, home health aide and/or homemaker services provided to a hospice-eligible member in their own home or an ALTCS HCB approved alternative residential setting. If the member resides in a Medicaid certified nursing facility, the facility is considered the member's home. Services may be provided on a regularly scheduled and/or on-call basis; the hospice-eligible member must not be receiving continuous care at the time routine home care is provided.

Refer to Chapter 1200 of this Manual for further explanation regarding hospice and ALTCS members.

**Inpatient Psychiatric Facility** – A non-hospital setting which covers inpatient psychiatric or substance abuse treatment and room and board. These include:

- **Level I Residential Treatment Centers (RTC)** – A RTC is an inpatient psychiatric facility for persons under the age of 21 that provides psychiatric services. These facilities are licensed as a Level I facility by the ADHS/Office of Behavioral health Licensure (OBHL), and, to qualify for Title XIX certification, must be accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Rehabilitation Accreditation Commission (CARF) or the Council on Accreditation (COA).
- **Level I Sub-Acute Facility** – A psychiatric facility that provides continuous treatment to individuals experiencing a behavioral issue causing actions that include the person being a danger to self or others, exhibiting impaired judgment and/or a diminished capacity to care for self. The facility must be licensed by the ADHS/OBHL and, to qualify for Title XIX certification, must be accredited by JCAHO, the CARF or COA.

Refer to Appendix G of this Manual (Behavioral Health Services Guide) for further information regarding services and settings.



**Institution for Mental Diseases (IMD)** – An institution (excluding acute care hospitals with psychiatric units) having more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care, room and board and related services. These include:

- Level I Psychiatric Hospital (Medicare certified)
- Level I Residential Treatment Center with more than 16 beds
- Level I Sub-Acute Facility with more than 16 beds
- Nursing facility (Medicare certified) with more than 16 beds and more than 50% of patients being primarily treated for mental disease.

Refer to Appendix G of this Manual for further information regarding services and settings.

**Indian Health Service (IHS)** – A division of the U.S. Public Health Service, authorized as a Federal agency pursuant to 25 USC 1661, which administers the system of hospitals and health centers providing health services to Native Americans and Native Alaskans.

**Intermediate Care Facility (ICF)** – An institution or distinct part of an institution licensed to provide health-related care and nursing services to individuals who do not require the degree of care and treatment provided by a hospital or skilled nursing facility, but who require care and services beyond room and board.

**Intermediate Care Facility for the Mentally Retarded (ICF/MR)** – A health care institution, which is Medicaid certified through the ADHS and monitored by the ADES, providing room, board and a continuous active treatment program of health and rehabilitation services to individuals with mental retardation or related conditions. Services are a higher level of care than provided through personal care but less intensive than skilled nursing care. A unit of service is one 24-hour day and includes ongoing evaluation, planning and supervision of residents in addition to coordination and integration of individualized health, habilitative or rehabilitative services as needed by each individual.



**KidsCare Program** – Federal and State Children’s Health Insurance Program (Title XXI - SCHIP) administered by AHCCCS. The KidsCare Program offers comprehensive medical preventive and treatment services and a full array of behavioral health care services statewide to eligible children under the age of 19. AHCCCS has agreements with Contractors, the Indian Health Service and 638 Tribal Facilities for services to be provided to members.

**Medical Foods** – Metabolic formula or modified low protein foods that are produced or manufactured specifically for members with a qualifying metabolic disorder and that are not generally used by persons in the absence of a qualifying metabolic disorder. Soy formula is also included within the limitations set by Chapter 300, Policy 320, Medical Foods, when used by members diagnosed with galactosemia.

**Medical Services** – Medical care and treatment provided by a primary care provider (PCP), attending physician or dentist, or by a nurse or other health related professional and technical personnel at the direction/order of a physician or dentist.

**Medically Necessary** – As defined in 9 A.A.C 22, Article 1. Medically necessary means a covered service provided by a physician or other licensed practitioner of the healing arts within the scope of practice under State law to prevent disease, disability or other adverse conditions or their progression, or prolong life.

**Members** – As defined in A.R.S. §§ 36-2901, 36-2931 and 36-2981, individuals eligible for AHCCCS services, based on their income and resources, citizenship, Arizona residency and/or medical condition, who are enrolled with an AHCCCS Contractor or are FFS.

**Nursing Facility (NF)** – A nursing care institution, licensed by the ADHS, which is also Medicaid/Medicare certified to provide long term care services to AHCCCS members. A unit of service in a NF is one 24 hour day. Refer to 42 USC 1396r(a).

**Own Home** – The ALTCS member's place of residence pursuant to 9 A.A.C. 28, Article 1. This does not include ALTCS HCB approved alternative residential settings.



**Prepaid Medical Management Information System (PMMIS)** – A statewide automated system that processes and reports on behalf of AHCCCS.

**Primary Care Provider (PCP)** – An individual responsible for the primary management of the member's health care, as defined in 9 A.A.C. 22, Article 1. The PCP must meet the requirements of A.R.S. §36-2901. The PCP must be an individual, not a group or association of persons, such as a clinic.

**Prior authorization (PA)** – Process by which AHCCCS DFSM/PA or Contractors determine in advance whether a medical service is appropriate and may be covered for payment. Prior authorization is not a guarantee of payment.

**Prior Period Coverage (PPC)** – As defined in 9 A.A.C. 22, PPC is the period of time prior to the member's enrollment during which a member is eligible for covered services. The timeframe is from the effective day of eligibility to the day a member is enrolled with a Contractor.

**Private Duty Nursing Services** – Nursing services for ALTCS members who require more individual and continuous care than is available from a nurse providing intermittent care. These services are provided by a registered nurse or licensed practical nurse under the direction of the ALTCS member's primary care provider or attending physician. ALTCS Contractors who employ independent nurses to provide private duty nursing must develop oversight activities to monitor service delivery and quality of care.

**Regional Behavioral Health Authority (RBHA)** – An organization under contract with the ADHS to administer covered behavioral health services in a geographically specific service area of the State. Tribal governments, through an agreement with the ADHS, may operate a Tribal Regional Behavioral Health Authority (TRBHA) for the provision of behavioral health services to Native American members living on-reservation.



**Religious Non-medical Health Care Institutions** – Religious facilities that provide only non-medical items and services exclusively to inpatients on a 24-hour basis through non-medical nursing personnel, who are experienced in caring for the physical needs of such patients. These facilities, on the basis of its religious beliefs, do not provide, through its personnel or otherwise, medical items and services (including any medical screening, examination, diagnosis, prognosis, treatment or the administration of drugs) for its patients. These institutions are lawfully operated under all applicable Federal, State and local laws and regulations, but are exempt from being licensed or certified.

**Residential Treatment Center (RTC)** – Refer to Inpatient Psychiatric Facility.

**Respite Care** – As defined in 9 A.A.C. 22 and 28, a service that provides short-term care and supervision to relieve primary caregivers. It is available for up to 24 hours per day and is limited to 720 hours per year. In the ALTCS program, it is a service provided in a NF or a HCB setting to an individual if necessary to relieve a family member or other person caring for the individual.

**Rural Substance Abuse Transitional Agency** – An agency as defined in 9 A.A.C. 20.

**Skilled Nursing Facility (SNF)** – A facility or distinct part of an institution that is licensed to provide inpatient care of persons requiring skilled nursing services for a chronic disease or convalescence over a prolonged period.

**Special Health Care Needs** – Serious and chronic physical, developmental and/or behavioral health conditions. Members with special health care needs require medically necessary services of a type or amount beyond that required by members generally.

**Telemedicine** – The delivery of diagnostic, consultation and treatment services that occur in the physical presence of the member on a real time basis through interactive audio, video and data communications, as well as the transfer of medical data on a store and forward basis for diagnostic or treatment consultations.



**Therapeutic Foster Care Homes** – A HCB setting where services are provided by specially trained foster care home parents to members residing in the home to assist and support the member in achieving behavioral health treatment goals and objectives. Services which may be provided include continuous protective oversight, observation, assistance in activities to maintain health safety, personal care or hygiene, living skills training and transportation when needed to participate in therapeutic activities. A clinical supervisor is assigned to oversee the care provided by the therapeutic foster care parents.

- **Adult Therapeutic Foster Home** – A HCB setting, licensed by the ADHS/Office of Behavioral Health Licensure, that provides behavioral health services and ancillary services to at least one and no more than three adults and where the member lives in the home with, and is integrated into the family of, the individual providing behavioral health services to the member.
- **Child Therapeutic Foster Care Home** – A HCB setting licensed by the ADES as a Professional Foster Care Home (A.A.C. R6-5-5850). The individual lives in the home with, and is integrated into, the family. Behavioral health services and ancillary services are provided to the members living in the home.

**Title XIX** – Known as Medicaid, Title XIX of the Social Security Act provides for Federal grants to the states for medical assistance programs. Title XIX enables states to furnish medical assistance to those who have insufficient income and resources to meet the costs of necessary medical services, rehabilitation and other services to help those families and individuals become or remain independent and able to care for themselves.

**Title XXI** – Known as the State Child Health Plan (SCHIP), Title XXI of the Social Security Act provides funds to states to enable them to initiate and expand the provision of child health assistance to uninsured, low income children in an effective and efficient manner that is coordinated with other sources of child health benefits coverage. In Arizona, the SCHIP program is known as KidsCare.



**Tribal Contractor** – A Tribal governmental agency which contracts with the AHCCCS Administration to coordinate case management and ALTCS covered services provided by the Tribe for Native Americans who live on the Tribal reservation or who lived on a reservation immediately prior to being placed in a NF and are enrolled in the ALTCS FFS program. Services are specified in each individual intergovernmental agreement with participating Tribes.

**United States (U.S.)** – Includes the 50 States of the U.S., the District of Columbia and the U.S. Territories (Puerto Rico, U.S. Virgin Islands, Guam, American Samoa and the Northern Mariana Islands). The phrase “outside the U.S.” means anywhere other than these places.

**Ventilator Dependent Program (VDP)** – For purposes of ALTCS categorical eligibility, a program for individuals who are medically dependent on a ventilator at least six hours per day and have been dependent on ventilator support as an inpatient in a hospital, NF, ICF/MR, their own home, or approved alternative residential setting for 30 consecutive days, as defined in 9 A.A.C. 28, Article 1. Members who require ventilator support on an intermittent basis are not classified as ventilator dependent, however, they may receive ALTCS services if they are otherwise eligible as non-ventilator members.



● **FEDERAL AND STATE REFERENCES FOR AHCCCS SERVICES**

USC – United States Code

CFR – Code of Federal Regulations

A.R.S. – Arizona Revised Statutes

A.A.C. – Arizona Administrative Code (Rules)

**Administration:**

1. 42 CFR Part 431, Subpart M. Relations with other agencies.
2. A.R.S. Title 36, Chapter 29, Articles 1 - 4. Administration/ALTCS/Qualified Medicare Beneficiary. Children's Health Insurance Program
3. A.A.C. Title 9, Chapter 28, Articles 1-5. AHCCCS/ALTCS Administration.
4. A.A.C. Title 9, Chapter 22, Articles 1-2. AHCCCS Administration.

**Assisted Living Facility:**

1. 42 CFR Part 483. Requirements for State and long term care facilities.
2. A.R.S. Title 36, Chapter 4, Articles 1, 2 and 7. Health care institutions.
3. A.A.C. Title 9, Chapter 10, Article 7. Assisted living facilities.

**Adult Day Health Care:**

1. A.R.S. Title 36, Chapter 4, Articles 1 and 2. Health care institutions. Staffing and licensure.
2. A.A.C. Title 9, Chapter 10, Article 5. Adult day health care facilities.





**Adult Foster Care Homes:**

1. A.R.S. Title 36, Chapter 4, Articles 1 and 2. Health care institutions.
2. A.R.S. Title 11, Chapter 2, Article 7. Long term care; counties; adult foster care.
3. A.A.C. Title 9, Chapter 10, Article 7. Assisted Living Facilities.

**Adult Therapeutic Foster Home:**

1. A.A.C. Title 9, Chapter 20, Article 15.

**Behavioral Health Agencies, I, II, and III:**

1. A.R.S. Title 36, Chapter 4, Articles 1 and 2. Health care institutions.
2. A.A.C. Title 9, Chapter 20, Articles 1 - 10. Behavioral health service agencies.

**DES/DD Group and Developmental Homes:**

1. A.R.S. Title 36, Chapter 5.1. Administration and regulations.
2. A.A.C. Title 6, Chapter 6, Articles 1, 7-11. Licensure of community residential settings.

**Home Health Agencies:**

1. 42 CFR Part 484, Subparts A - C. Conditions of participation; home health agencies.
2. A.R.S. Title 36, Chapter 4, Articles 1 and 2.
3. A.A.C. Title 9, Chapter 10, Article 11. Home health agencies.



**Hospice Care:**

1. 42 CFR Part 418, Subparts A - H. Conditions of Participation for Hospice Care.
2. A.A.C. Title 9, Chapter 10, Article 8. Hospices.

**Indian Health Care Service Facilities:**

1. 42 CFR Part 431, Subpart C. Participation by Indian service facilities.

**Inpatient Psychiatric Services for Individuals Under Age 21:**

1. 42 CFR Part 435, Subpart K; Part 440, Subpart A; Part 441, Subpart D; Part 456, Subpart G. Inpatient psychiatric services for individuals under age 21 in psychiatric facilities or programs.
2. A.A.C. Title 9, Chapter 20, Articles 1 - 6. Level I behavioral health facility.

**Institutions for Mental Disease for Individuals:**

1. 42 CFR Part 435, Subpart K; Part 440, Subpart A; Part 441, Subpart C; Part 456, Subparts A through D and H through K; Part 482, Subparts A, B, C, and E. Institutions for mental disease.
2. A.R.S. Title 36, Chapter 4, Articles 1 - 5. Psychiatric hospitals.
3. A.A.C. Title 9, Chapter 10, Articles 1, 2 and 4. Psychiatric hospital.

**Intermediate Care Facility for Mentally Retarded:**

1. 42 CFR Part 442, Subparts A, B and C; Part 483, Subpart I. Intermediate care facility for mentally retarded.



**Nursing Facilities:**

1. Omnibus Budget Reconciliation Act of 1987, (OBRA).
2. 42 CFR Part 442; Part 456, Subparts A, B, and H through K; Part 483, Subparts B through E; Part 488, Subparts A through D; Part 489, Subpart I. Nursing care institutions.
3. 42 CFR Part 483, Subparts B, C and D. Requirements for long term care facilities; resident assessment; Preadmission screening and annual review of mentally ill and mentally retarded; Nurse aide training and competency evaluation.
4. A.R.S. Title 36, Chapter 4, Articles 1 through 4 and 7. Health care institutions.
5. A.R.S. Title 36, Chapter 29, Article 2. Preadmission screening programs; annual review.
6. A.A.C. Title 9, Chapter 10, Articles 1 and 9. Nursing care institutions.

**Nurse Practitioners:**

1. 42 CFR Part 440, Subpart A.
2. A.R.S. Title 32, Chapter 15. Nursing.
3. A.A.C. Title 4, Chapter 19, Article 5. Advanced nursing practice.

**Physician Assistants:**

1. 42 CFR Part 440, Subpart 60.
2. A.R.S. Title 32, Chapter 25, Articles 2 and 3.
3. A.A.C. Title 4, Chapter 17, Articles 2 and 3.



**Respiratory Therapy:**

1. A.R.S. Title 32, Chapter 35, Article 2. Licensure.
2. A.A.C. Title 4, Chapter 45.
3. A.A.C. Title 9, Chapter 28.

**Therapies:**

**1. Occupational Therapy:**

- a. 42 CFR Part 440, Subpart A.
- b. A.R.S. Title 32, Chapter 34, Article 2, Registration.
- c. A.A.C. Title 4, Chapter 43, Article 2, Licensure.

**2. Physical Therapy:**

- a. 42 CFR Part 440, Subpart A. Physical Therapy.
- b. A.R.S. Title 32, Chapter 19, Article 2, Licensure and Examination.
- c. A.A.C. Title 4, Chapter 24, Article 2, Licensing Provisions.

**3. Speech Therapy:**

- a. 42 CFR Part 440, A. Services for individuals with speech, hearing and language disorders.
- b. A.R.S. Title 36, Chapter 17, Article 4. Licensure.



**Ventilator Dependent:**

1. Social Security Act, Section 1902. (e)(9)(A).
2. 42 CFR Part 440, Subpart A.
3. A.A.C. Title 9, Chapter 28, Article 2. Covered Services.